PLANNING FOR HUMAN SERVICES IN THE REGIONAL MUNICIPALITY OF OTTAWA-CARLETON

Prepared by

Katherine A. Graham
Allan M. Maslove

October 1990

22-01

91-05841/

PLANNING FOR HUMAN SERVICES IN THE RMOC

	Page
EXECUTIVE SUMMARY	i
ACKNOWLEDGEMENTS	iii
I. INTRODUCTION	1
II. IMPACTS 0F DEMOGRAPHIC CHANGE	2
Methodology	
The Homes for the Aged Department	
The Social Services Department	
The Health Department	
III. ECONOMIC, POLITICAL AND SOCIAL SCENARIOS	17
Homes for the Aged In a Period of Strong Provincial Economic Performance and Decentralization	
Homes for the Aged in a Period of Weak Economic Performance and Decentralization	
The Social Services Department	
Social Services in a Period of Strong Provincial Economic Performance and Decentralization	
Social Services in a Period of Weak Economic Performance and Provincial Decentralization	
The Health Department	
Public Health Programs in a Period of Strong Provincial Economic Performance and Decentralization	
Public Health Programs in a Period of Weak Provincial Economic Performance and Decentralization	
IV. CONCLUSION	33
APPENDIX 1	35
APPENDIX 2	38

EXECUTIVE SUMMARY

This report is intended to address two sets of related concerns: 1) the impact of population growth and changing population structure on various human services delivered by the RMOC; and 2) how changing political, economic and social factors may modify these impacts over the next ten years. Programs of the Departments of Homes for the Aged, Social Services and Health were examined in the course of this study.

To address the first issue, formal econometric models were constructed to establish stable historical relationships which could then be used as the basis for projections to the years 1991, 1996 and 2001. The resulting projections should be viewed as general indicators of the types of pressures that are likely to be faced by each of the programs, assuming past relationships continue over that period.

The demand for admission to Homes for the Aged will continue to increase due to the general increase in the population aged 65 and over, and the aging of this population cohort as the population over the age of 75 grows even more rapidly. In addition, the pattern of care will shift; the need for extended care beds will increase much more rapidly than for residential care beds.

In the Department of Social Services, the expectation is that the General Welfare Assistance caseload will increase steadily over the projection period due to general population increases and continuing migration into the region. This basic pattern may be modified but not substantially altered by economic conditions. The introduction of SARC reforms appears to have a significant impact on caseloads, at least in the short run. Towards the end of the period, the impact may moderate. Employment programs for social assistance clients can also be expected to grow.

Day care demand could not be estimated, other than to acknowledge the existence of a large unsatisfied demand at present. The number of spaces that will likely be funded in the future appears to be very sensitive to the state of the provincial economy, which in turn, affects the financial capacity of the provincial government.

Emergency residential services offered by the RMOC are apparently affected by different population cohorts, depending on the nature of the service.

In the Health Department, the need for food inspection will increase somewhat more rapidly than the region's population, and to some extent will be influenced by the conditions in the local economy. The need for chronic home care services will increase as the population ages, as will the demand for occupational therapy. Dental care services provided to social assistance clients are likely to experience demand pressures in line with the growth of social assistance caseloads.

Overall, the demographic analysis strongly suggests that pressures on human services will continue to increase because of growth in the general population, growth of the elderly population, and the aging of the elderly population. At the same time, there does not appear to be much prospect of pressures easing in other areas.

The latter part of the report deals with the question of how changing political, economic and social factors may modify the impacts of demographic changes over the next ten years. To address this issue, a large number of reports and other documents dealing with future trends and initiatives in the social policy field were reviewed. This activity was parallelled by a series of discussions with senior officials in the Region's Planning Department and the three human services departments involved in the study.

The result was consensus about the major social, economic and political variables that are important to monitor if the Region is to embark on a human services planning exercise. These variables included such things as: the allocation of responsibilities (for human services planning, management and delivery among the various levels of government); the nature and level of unemployment and the relative emphasis placed on institutional versus non-institutional care. In terms of the current environment, there was also agreement that it is important to consider all of the variables as building blocks for the construction of two broad scenarios: provincial

decentralization in a period of relatively strong economic performance and provincial decentralization in a period of weak economic performance.

The report sets out two scenarios for each of the human services departments involved in the study. These are based on the contents of the various reports reviewed plus the projections of service demands and costs developed in phase one of the study. The scenarios are intended to enable the departments themselves, individually and as a group, to begin a human services planning process that will meet the needs of the RMOC over time.

From a substantive standpoint, there are two general conclusions that emerge from the six scenarios detailed in the report. The first is that if the economy remains relatively strong over an extended period, the provincial government may be more willing to decentralize responsibility for human services without necessarily transferring an extra financial burden to the local level. In a weaker economy, the province may centralize the planning and control of human services in order to contain its own financial obligations. At the same time, it may decentralize the burden of funding services to the local level. The second conclusion is that changing organizational arrangements for human services at the provincial level will influence RMOC human service priorities and organization.

ACKNOWLEDGEMENTS

It would not have been possible to complete this study in the short time available had it not been for the assistance and cooperation of officials from the Regional Municipality of Ottawa-Carleton. The heads of the four departments involved in the study, and their staffs were unfailingly helpful in providing data and in being available for discussion and comment as the work proceeded.

We also wish to acknowledge colleagues at the Carleton University School of Public Administration who participated in the project. Professor Gene Swimmer acted as a consultant for the modelling exercises reported in the second chapter of the report. Three graduate students in the School served as our research assistants during the course of the project. They are Lillian Duda, Heather MacIntosh and James Perttula. Margaret Bezanson converted draft manuscripts into the camera-ready final version of the report. We thank them all.

Katherine A. Graham

Allan M. Maslove

October 1990

I. INTRODUCTION

Over the next decade, and beyond, the demands for human services provided by the Regional Municipality of Ottawa-Carleton (RMOC) can be expected to change substantially for a number of reasons. It is by now well known that the demographic profile of the Region's population will alter, the most significant change being the absolute and relative increase in the elderly population. There will also be a large expansion of the broad "middle aged" population group and this change also affects the demand for some human services.

Employment patterns may change as a result of local developments (e.g., employment by the federal government) and global economic forces. Changing social attitudes with respect to appropriate modes of service delivery and other factors (e.g., volunteerism) will also impact on social service demands at the local government level, as will policy changes of the federal and provincial governments.

In addition, political and social factors may affect the cost of delivery of social services by local governments. Costs may be affected by changing standards imposed on local governments by the province, different financial arrangements, or even by altered social expectations as to appropriate service standards.

To assess the impacts of some of these trends and expected developments, this research study was commissioned by the RMOC Planning Department in conjunction with the three departments involved in the provision of human services, the Departments of Social Services, Homes for the Aged, and Health.

The purposes of this research project are primarily twofold. First, it is intended to assess the impact of population growth and changing population structure on the demands for various human services delivered by the RMOC. Second, it is intended to assess how changing political, economic and social factors may modify these basic demand patterns over the next ten years.

The project was divided into two phases, following the dual objectives stated above. In the first stage of the project, analytical models were built to estimate the impact on various human services that can be expected "purely" from demographic change to the year 2001, assuming government policies and other factors remain unaltered. In the second phase of the project plausible scenarios were developed in order to encourage thinking about how the purely demographic projection might be modified, given changing political, economic and social circumstances.

The two phases of the project are, however, intimately linked. For example, where appropriate, in the analytical models, economic variables were included to estimate the impact of changing economic conditions on the demand for various services. In the second phase, economic conditions were analysed primarily to indicate their impact on the provincial government's stance towards policy delivery and financing, that is, the effect on the supply of human services. Nevertheless, some of the empirical analysis of economic variables focuses on government responses, and some of the discussion in the second phase related to service demands. In addition, the empirical analysis of the General Welfare Assistance Program attempts to capture the impacts of the recent important changes to the program's design.

The project relied on quantitative and qualitative information primarily from three sources: reports and other materials provided by the four RMOC departments, including provincial government reports; interviews and meetings with regional officials; and data provided by the RMOC or collected as part of the project from both regional and other sources. Of particular note in this regard, the population projections for the period 1986-2011 prepared by the RMOC Planning Department (April 1990) were used as inputs in this study. These are reported in *1990 Update: Population Projections Ottawa-Carleton 1986-2001*, published by the Planning Department of RMOC in April 1990.

II. IMPACTS OF DEMOGRAPHIC CHANGE

The major programs of the Departments of Social Services, Health, and Homes for the Aged were analyzed to determine the impacts of demographic change on the demands for these programs to the year 2001. Where possible, the resource implications of these demand changes were also examined.

In this chapter of the report, we first describe in some detail the methodology employed to estimate these impacts, and then go on to discuss the application of the methodology in the cases of each of the three departments. The results of this analysis are also presented in this chapter.

Methodology

Two types of data were utilized in this analysis. For each of the programs, administrative data on workloads (eg., caseloads, resident counts), expenditures, and/or staff were provided by the respective departments. The objective was to gather annual data for as many years as possible beginning with 1971.

The comprehensiveness of the administrative data available varied from program to program. As a result, it has been necessary to adjust the empirical analysis from program to program to utilize what data are available, and at the same time, not to draw conclusions that would be unwarranted in cases where data are limited.

The second type of data were those relating to population and other relevant, non-administrative factors. Population data were provided by the RMOC from the study of population projections noted above. Other data, mainly relating to economic variables, were collected from the appropriate sources, mainly Statistics Canada and the provincial Ministry of Treasury and Economic Affairs.

For those programs for which sufficient data were available, the procedure followed was as follows:

1. Demand for the service was forecast for the years 1991, 1996, and 2001 in the following manner:

    a) Demand (D) for the years 1971-86 (or that portion of the period for which administrative data were available) was defined as the average monthly caseload for programs for which service is mandatory for all qualified candidates (e.g., GWA), and was defined as average monthly caseload plus average monthly waitlist for services for which queues exist (e.g., Homes for the Aged);

    b) Using multiple regression analysis, models were developed to "predict" demand over the 1971-86 period (or as much of this period for which data were available) as functions of demographic variables, economic environment variables (e.g., local unemployment rates, provincial GDP), and other variables (e.g., benefit rates). These models were formulated based on information gathered from the review of reports, theoretical hypotheses and interviews with program officials, in light of statistical constraints imposed by the available data. "Best" models were selected based on their ability to predict or forecast demand levels;

    c) Using the estimated coefficients from (b), above, and based on the RMOC demographic projections, demand quantities were forecast for each of the years 1987-90, and for 1991, 1996 and 2001;

    d) The forecast demand values for 1987-90 were compared to actual demand data for these years as a validation of the projection and the model;

    e) Where applicable, impacts of changes in the economic and other variables on the demand forecasts were analyzed. This portion of the analysis is also relevant to the second phase of the project.

2. Resource implications of the demand forecasts. Resources include staff complements and general budgetary costs:

a) For the years 1971-86,[1] the actual relationships between resource requirements and service demands were estimated using regression analysis;

b) The average and marginal resource implications for these services were then estimated. These relationships were not projected into the future for two reasons. In most cases the period for which resource data were available was very limited (often only 4 or 5 years); therefore, projections based on these limited observations would have been quite misleading. As well, changing average and marginal relationships that were revealed in the data often reflected special circumstances or policy decisions. There is no reason to expect these relationships would continue into the future beyond some very limited period.

We conclude this section with two important caveats. First, it is important to note that population data are available for the census years only, that is, for 1971, 1976, 1981, and 1986. For the inter-censal years it was necessary to estimate population data by interpolation. This was done based on the assumption of a constant rate of growth between any two census years. It is important to recognize that this procedure does not add new information to the model with respect to population variables. There are still only four independent observations for these variables. However, the procedure does allow us to expand the number of observations with respect to the other independent variables and the dependent variables for which annual data are available. This procedure is a sound one for the purposes of "predicting" the course of the dependent variable. The only caveat that must be stressed is that the estimates of the impacts of population changes must be carefully interpreted because they are based on only four independent observation points.

Second, the projections which are produced by this methodology should not be read as "data". Rather, they should be viewed as indicators of broad trends that are likely to emerge in the period 1987-2001, based on the patterns discerned in the data for earlier years. Alternatively, readers could view these projections as statements of the types of pressures that are likely to develop (or to ease), along with an approximate estimate of their orders of magnitude. Whether these pressures will actually be realized will depend on policy responses to their emergence, as well as on changes in the economic and social environment that may be quite unforeseen at this juncture.

The Homes for the Aged Department

Three aspects of the Homes for the Aged program were considered, the total demand for beds, the number of people in residence, and the numbers living in extended and residential care. For these models data were available beginning in 1971. Data were converted to annual averages, and the three homes operated by the RMOC were considered together.

The Department maintains a waiting list for admission to a home. Average annual waiting list numbers were added to the average annual number of residents to generate a total demand variable. Two caveats are important in interpreting this variable. First, it represents a demand value for accommodation provided by the region only. It is not intended to include a variety of other facilities in the region whether run privately or by a community association, church or other organization. Second, while this variable may be a good proxy measure of demand, it is not a perfect one. The main reason for this is that, by definition, one cannot include the "shadow" component of the waiting list, people who would be interested in accommodation but for whatever reason are not registered on the formal list.

Total demand for places in an RMOC residence for the aged is, according to the estimated model, influenced by capacity of the homes, the population between the ages of 65 and 74, the population aged 75 or over, and the numbers of men and women in these population groups. Specifically, the best model (in the sense defined above) is a linear model in which the significant variables are capacity, total population over the age of 65, and the ratio of the population aged 75 and over to the 65-74 population. The actual regression equation is presented in Appendix 1.[2]

In general terms, the results suggest that, at the margin, increases in demand for spaces in a home are about 1% of increases in the population over the age of 65. This proportion is consistent with the estimates in the *Fact Book on Aging In Ottawa-Carleton*[3] which indicated that overall about 9% of the population over 65

lived in collective dwellings, given that RMOC operated homes are one component of the total supply. Our results also indicate that as the older elderly population (75 and over) increases relative to the young elderly (65-74)[4] , demand increases quite rapidly. For example, in 1990 if the older elderly population had been 1% greater than it actually was, keeping the young elderly population constant, the demand for homes would have been 1% higher.

Based on this model, Table 1 presents the projections for demand to the year 2001. Several points must be considered in the interpretation of these results.[5] These results are predicated on the assumption that the structure of demand will not change; for example, the length of time that an average resident lives in a home will remain constant, and the availability of alternative programs remains the same relative to overall demand levels. In addition, if capacity remains unchanged over the projection period, the demand increases indicated will be reflected primarily in the wait lists. The concept of the wait list, therefore must be no more than notional; it is highly unlikely that the actual lists would ever grow as long as the results in Table 1 would suggest. A "discouragement effect" would likely prevent this. Therefore, the projection should be interpreted as an indication of the pressures that are likely to develop in the program including residents, people actively seeking admission, and potential residents within the elderly population who may be discouraged by the fact that admission will become increasingly difficult (given capacity).

Table 1 indicates that total demand for the Homes for the Aged program will increase from about 900 in 1987 to 1650 in 2001, an increase of more than 80% over the projection period. If capacity remains fixed at the current level (651 beds) this suggests that the (notional) wait list will reach 1000 persons by the end of the period.

Analysis of the actual number of residents in the homes, as one would expect, is essentially determined by capacity. Over the analysis period the homes were operating at between 90% and 95% of capacity. The most interesting aspect of the results of this model is the trend to operate closer to full capacity as the population over the age of 65 increases. One interpretation of this result is that the increasing demand pressure that accompanies the increase in the older population leads the system to respond in this fashion. It is also the case, however, that over the same period, changes in provincial funding arrangements may have induced the same response.

A third model was employed to examine the ratio of residents in extended care to those in residential care. The statistically significant variables in this model were capacity of the system, the ratio of older elderly to young elderly in the population, and the ratio of women to men in the over 65 population. The regression equation is reported in Appendix 1.

The results from this model indicate that as the older:younger elderly ratio increases, the ratio of extended to residential care residents also rises, given fixed capacity. To illustrate, if in 1990 the number of people over 75 had been 1% higher, with the 65-74 cohort remaining the same, the extended:residential ratio would have increased by 0.1. The results also indicate that, other things remaining the same, a higher female ratio results in fewer extended care residents.

The projections based on this model are displayed in Table 2. The table first compares the predicted ratio to the actual for the years 1987-90; predicted values are close to actual ratios, but consistently on the low side. It thus appears that if anything, the model tends to underpredict rather than over estimate expected trends. As the table indicates, the ratio of extended to residential beds will more than double from current levels by the year 2001. Again, it is important to appreciate that this projection should be read as an indicator of the types of pressures that the system will face, given current relationships and structures. It does not take into account policy responses that might be prompted by these pressures.

The geographic distribution of the increased demand cannot be analyzed following the procedure used to estimate total demand itself. On one hand the demand could be said to occur whereever the client population is residing prior to admission to one of the homes. The location of homes in these areas of the region would enable residents to remain in neighbourhoods that are familiar and thereby facilitate their maintaining social networks they have established over the years. The demographic data indicate that the majority (about 70%)

of the people who are over the age of 65 in the Region, live in the City of Ottawa. Within the over 65 cohort, the proportion living in the central city (Ottawa, Vanier) increases with age.

On the other hand, one might argue that homes for the aged, by their very nature constitute nodes for the aggregation of client demands from across the region. In that sense the origin of the potential residents is not of particular interest, and the siting of homes could be done to take advantage of attractive physical locations, transportation links, and so forth. Any considerations of balancing these two sets of concerns are clearly beyond the scope of the present study.

Finally, the empirical portion of the analysis examined some of the links between the demand projections and resource implications. In general, the concern here was with financial resource and staffing requirements. However, due to problems of data availability, it was not always possible to pursue both avenues of investigation.

In the case of Homes for the Aged, the analysis of particular interest related to the ratio of extended to residential care residents. In terms of constant (1986) dollars, the results indicate that, at the margin, for given capacity overall, a shift of one resident from residential to extended care results in a cost increase of $1120. per year ± $40. It is important to point out the significance of the qualifying term "at the margin". If, in the future the homes become essentially wholly devoted to extended care service, then reorganizations of service delivery (changes in technology) may become relevant. Accordingly, this estimate of the costs of marginal changes from the status quo may not be applicable.

The Social Services Department

Four programs delivered by the Social Services Department were examined in our analysis. They are the General Welfare Assistance (GWA) program, employment programs for GWA recipients, day care subsidization, and the emergency shelter programs. The methodology for the first three programs followed the format described earlier; however, because of limited data the analysis of the emergency shelter programs is somewhat different. It will be discussed below.

General Welfare Assistance

Estimating demand for GWA is more straightforward than for most of the other programs analyzed in the course of this project. Essentially, all individuals who meet the stated requirements for assistance, must, in fact be granted assistance. Therefore, we can accept actual caseload data as the measure of total demand. These data were available beginning in 1979.

For the base period 1979-86 (inclusive), the best fitting model to predict demand involves three independent variables, total population between the ages of 15 and 64, the net in-migration into the RMOC, and the local (Ottawa-Hull) unemployment rate in the previous year. Specifically, the model indicates that GWA caseloads are positively related to the 15-64 population[6] as one would expect.

The higher the rate of unemployment in the previous year, the greater was the GWA caseload. This lagged relationship can probably be explained by the operation of the Unemployment Insurance program. Some unemployed people may qualify for GWA while waiting to begin their UI benefits, however, the most significant link between unemployment and assistance would appear to occur after UI benefits have been exhausted. Hence, the lagged relationship. The results of the model suggest that a one percentage point increase in the unemployment rate in one year results in an increase in the GWA caseload of up to 550 cases in the following year.

Finally, the model also indicates a positive relationship between net migration and the GWA caseload. This is consistent with the administrative data which indicate a relatively small but steady number of non-resident clients. The results suggest that, at the margin, an additional 100 migrants gives rise to up to 12 additional GWA cases, with 6 being the best point estimate.

In Table 3, the GWA caseload projections based on this model are presented. Two versions of the same basic model are shown, the first being more conservative in its predictions than the second.[7] As is readily apparent, both versions project a substantial increase in GWA cases to the year 2001, with a modest variation resulting from alternate assumptions about unemployment rates.

To echo our earlier caveat, the specific values in the projections are by themselves not to be read as firm estimates. What is significant is that they uniformly indicate the same general trend.

The projections reported in Table 3, as noted, are based on an observation period that ended in 1986. Since then an important set of amendments to the welfare assistance system in Ontario has begun to be implemented. These amendments follow the publication of *Transitions*, the report of the provincial Social Assistance Review Committee (SARC). These changes to the system which began in October 1989 generally are intended to improve benefit levels and to strengthen the attachment of assistance recipients to the labour market.

These are important changes, and the GWA models were modified to attempt to capture their impact. To do so it was, of course necessary to expand the base data period to 1990, resulting in the loss of an opportunity to compare the predictions of the model with actual data outside the base period itself. The results, which are reported in Table 4, must be viewed as tentative because at the time of the analysis less than a full year of data were available reflecting the operation of the SARC reforms implementation. In fact, because of the uncertainty surrounding the impact of such a recent initiative, two alternative formulations are reported in Table 4, providing a broader range of estimates of possible impacts.

The first model in Table 4 uses a dichotomous variable to capture the general effect of introducing SARC in 1989. The attractiveness of this approach is that it captures the combined impact of the several regulatory and benefit level changes that were introduced as a package. Its weakness is that because the changes are so recent, there is not a series of years in which these changes were operative on which to base impact estimates. The alternative approach in the second model is to include the benefit level (for a family of 2 parents and 2 children as the representative case) standardized by the minimum wage. The advantage of this approach is that data are available for all the years under analysis. Its disadvantage is that it captures only one aspect of the SARC reforms.

Compared to the model projections reported in Table 3, these results are interesting in several ways. First, at least in terms of immediate effects, the introduction of some of the SARC reforms appears to have a significant impact. The confidence range for the regression coefficient in the first model indicates that SARC accounts for something in excess of 1700 additional cases on an annual basis. It is important to point out that this is only a count of caseloads; it does not indicate the costs per case, which on average, may have declined.

The models are inconclusive with respect to the importance of the other variables (unemployment rates, migration and population levels) on GWA caseloads, compared to the Table 3 models. As for their projections, the range of predicted caseloads in 1996 and 2001 is not significantly different from those of the original models. This suggests the longer run impact of SARC on caseloads may be less than initial effects.

Finally, we tested the relationship between GWA caseloads and costs. All dollar values are expressed in real (1986) terms. The analysis indicates that, at the margin, one additional case on the monthly GWA rolls for a year increases expenditures by $6300 ± $300. This compares to an average over the period 1979-89 (inclusive) of $5200, which has been increasing over time.

Employment Programs

Social assistance clients can access employment support services to enhance their prospects of success in the labour market through counselling and other support services, and in some instances through financial assistance. For our analysis we were able to utilize referral data from three of these programs: Employment Preparation Service (EPS), Action for Careers and Training (ACT), and Youth Employment Preparation (YEPP). Our attention was restricted to the referrals to these programs, as this was the best available measure of demand. The analysis considered the programs together rather than individually because distinctions

between them are of less interest for present purposes than is estimating overall demand. Before going on to the results it should also be noted that both GWA and FBA (Family Benefits Assistance) clients are eligible for these programs.

The employment program model used for the projections in Table 5 indicates that referrals are directly related to GWA caseloads and the regional unemployment rate. The latter relationship suggests that, when unemployment rates are higher a larger percentage of assistance clients tend to seek help from these programs. It should be noted, however, that the models tested are less successful in explaining the patterns in employment program referrals than they are in the other programs. One reason for this is that the data series available was not as complete; data were available beginning only in 1981. In addition, particularly in the early years, there was considerable (random) variation in the data series as new programs were initiated. With these caveats in mind, Table 5 can be interpreted as projecting a steady, and perhaps increasing, growth in these programs over time.

As for resource consequences, the analysis linking referrals to program costs indicates that the marginal cost of a referral is about $1200 ± $300 per year. The average over the 1981-89 period was $986, with the average increasing steadily every year after 1984.

The RMOC already offers GWA and related services through a network of offices throughout the Region. No conclusions could be drawn from the data that would suggest changes in this pattern will be required.

Day Care Spaces

Demand data for day care spaces were not available. In addition to the number of spaces actually operated by the RMOC or purchased in privately operated centres, there is a large but undetermined additional demand in the community. An estimate of total demand would require the addition of the actual spaces plus the "waitlist", as was the case in estimating demand for homes for the aged.

However, utilizing available data on the number of funded spaces, it was possible to explain the pattern of supply. This, in fact may be more useful in any event. Given the large unsatisfied demand for spaces in the community, the determining factor is the supply of spaces, not the demand. That is, for purposes of estimating resource requirements for day care services in the future, the ability to predict supply is of more value.

The model reported in Appendix 1 has, as its explanatory variables, the number of children in the region between the ages 0-4, and the level of per capita gross domestic product (GDP) in Ontario. The number of young children in the region serves as a general measure of pressure for the funding of day care spaces. The second variable is a proxy measure for the financial status of the provincial government, because provincial revenues are closely related to the level of GDP. Provincial funding decisions are critical because Queen's Park provides 80% of the financing, 30% directly, and 50% indirectly by way of matching funding from the federal government.

Table 6 presents the day care space projections to 2001 under two scenarios. The first assumes that per capita GDP will grow at 3% annually, which is approximately the rate of growth in the 1980s after the economy recovered from the recession of 1981-82. The second projection is based on the assumption that per capita GDP will grow at 1%, which is closer to the long term historical average. Under either scenario the number of spaces continues to increase, but the results suggest that the rate is quite sensitive to the state of the economy.

As in the other programs, the resource implications of day care services were estimated. The marginal cost of day care spaces ($ 1986) was found to be $5600 ± $400 per year, while the average over the period 1980-89 was $4946. In the last two years of the period, the average was considerably higher, and in fact, not statistically different than the marginal value. This increase reflects, *inter alia*, improvements in the salaries of the child care givers.

Residential Services Program

The fourth program of the Social Services Department that was examined was the residential services program which provides shelter for several categories of clients. Data were available on three services, emergency hostel beds for men, shelter for persons requiring addiction recovery homes, and transition homes for women and families in distress.

For each of these services data were available for only a five year period, 1985-89 inclusive. Because of the short "base period" this provided it was not possible to estimate projected needs into the future with any degree of reliability. Therefore, the analysis of the residential services program was, by necessity, limited to seeking to establish relationships that appeared to exist between these services and demographic and other variables. In addition, because of data limitations relationships could be examined only between the number of beds and one other variable at a time; that is, interactions between two or more other variables are beyond the statistical capacity of the data.

The population variable relating most significantly to the number of emergency shelter beds for men was the total regional population between the ages of 15 and 64. It is interesting to note that the local (Ottawa-Hull) unemployment rate, a measure of the health of the local economy, was not significantly correlated with the number of beds.

The number of addiction recovery beds was related to two demographic variables, the total population of the region, and the population between the ages of 15 and 64. Both are highly correlated. Finally, the number of transition beds correlated fairly strongly with the number of women in the region between the ages of 20 and 34.

The statistical relationships between the number of beds in each of these services and the cost data were all strong. The estimated relationships for emergency hostel beds indicates that the total cost to the RMOC of providing one additional bed for one night is $22 ± $2 (1986 values).

For addiction recovery beds the marginal cost is $24 ± $1. Finally, for the transition beds, marginal cost is $30 ± $2.

The Health Department

Five programs delivered by the Health Department were initially selected for analysis in the first phase of the project. They are food safety, chronic home care, therapy, dental care and a collection of activities in the general area of community health education. The data series available in these program areas varied considerably, and it was necessary to adjust the analysis as a result. In fact, the last program area is not reported here because adequate data could not be obtained.

Food Safety

The Health Department is charged with the responsibility of ensuring that food premises in the region are operating safely and that the food prepared or handled is suitable for consumption. Food premises include restaurants, but also any other establishment that prepares, handles or stores food. The main activity by which the region carries out this mandate is through periodic inspection of the premises. Over time the nature and frequency of these inspections is changing. Therefore, the best indicator of the demands placed on the department in this area is the number of establishments subject to regulation.

Data on the number of establishments were available beginning in 1978. Multiple regression models were tested to estimate the "best predictor" of the number of establishments. This model indicates that the number of establishments increases with the total RMOC population and is positively related to the state of the local economy (as measured by the Ottawa-Hull unemployment rate).

Projections based on this model are presented in Table 7. Assuming a local unemployment level of 6% throughout the period, the number of food premises can be expected to increase by about 25% between 1990 and 2001. This compares to a projected population increase of 19% over the same period. Under the assumption of an improving local economy (unemployment decreasing to 5% in 1996 and to 4% in 2001), the results suggest an increase in the number of food premises of about 35-40%.

Over the period 1986-90, because of changes in the nature and frequency of inspections, the average annual cost to the Department per premise has declined from $370 to $304 (at constant 1986 prices). Based on this very limited series, the results of the model suggest that the marginal cost of one additional food establishment is about $90 ± $30. However, it is important to realize that this result is based on only four years of data; in addition the reductions in average costs that have been achieved over that period may be fully realized, and further cost reductions may not be attainable in the future.

Chronic Home Care

Data on the total chronic home care caseload were available from 1979-80. This service is offered to individuals who live in their own homes; it is not a service for people living in institutions in which comparable services are available. The model that best captures the pattern of demand for this service is one which relates demand to the elderly population. In particular, the population aged 65-74 and 75+ appear to impact on demand. Even though services are provided to some younger people who are disabled, changes in the younger population do not appear systematically to impact on the demand for chronic care. The estimation results also indicate that as the population over the age of 75 increases, other things being equal, the demand for chronic care decreases. This result, which may appear counter-intuitive at first glance, is probably related to the higher probability that the "older elderly" who require care will be in institutional settings rather than in their own homes.

Based on the model which includes the population aged 65-74, the projected values for chronic home care are shown in Table 8. The projected increase from 1990 to 2001 is in the order of 45%, while the projected growth of the population in this age group is about 18%. The more rapid growth in chronic care cases would appear to be related to demand increases associated with population cohorts other than the 65-74 group.

Resource impacts could not be estimated for chronic care cases alone. Available data on staff complements (full time equivalents) related to chronic and acute care caseloads combined. Data on costs included these two services plus therapy. The average caseload (chronic plus acute) per staff member between 1986/87 and 1989/90 decreased from 489 to 419 as a result of policy decisions taken by the program managers. This is reflected in the marginal impact of four additional staff members (± 2) for an increase of 1000 cases. Again, one cannot extrapolate reliably based on this estimate because of the short estimation period and because it is likely that the adjustments in the workload/staff ratios of the last four years will not continue indefinitely.

The combined budgetary costs (chronic, acute, and therapy services) have been increasing over the same four year period. In 1986/87 the average cost per case was $177 and in 1989/90 the average was $237 (1986 values). This increase, at least in part, simply reflects the decline in caseload per staff member referred to in the previous paragraph. As a result of this pattern, the model estimates that the marginal cost per case is $800 ± $400. However, the same caveats would apply in the interpretation of this marginal value.

Therapy

Two types of therapy services are provided by the Health department, occupational therapy and physiotherapy. Data were available on each program for the years 1983-89. Given this series and the nature of physiotherapy services, it proved to be impossible to establish a strong relationship with any demographic variables.

Occupational therapy caseloads, however, were related to the growth of the elderly population in the region. In addition, similar to the analysis of chronic home cases, the results of this program suggest that while demand is positively related to the population aged 65-74, it is inversely related to the population aged 75 and

over. The projections based on the "best fit" model are provided in Table 9. They suggest a general increase in occupational therapy caseloads generally in line with the increase in the elderly population of the region.

Dental Care

The Department provides dental care services to GWA recipients at subsidized rates. The determining factor in the number of appointments per year is not the demand from GWA clients, but the staff resources available. In other words, the service is constrained by available supply rather than driven by demand. It was therefore not possible to estimate how many cases would be generated out of a given population of GWA clients. Nonetheless, the predicted increase in GWA caseloads discussed in the previous section of this chapter, can be taken as representative of the growth in potential demand that will exist for dental services. The analysis in the previous section indicated that increases in the order of 40% in GWA caseloads could be expected between 1990 and 2001.

Data were available on the costs of the dental services over the last four years. Over this period, average costs per appointment varied from $76 in 1986, to $82 in 1988 (1986 values). Based on this data, the estimated marginal cost per appointment is $142 ± $25.

Notes:

1. Again in most instances resource data were not available for all years. In addition, the years for which these data were available did not always correspond with the years for which demand data were available.

2. As indicated in the methodology section, for each program a series of models were tested using alternative variables, different forms of the variables, and equation specifications. Depending on the data, the analysis considered linear, log linear and quadratic models.

3. Council on Aging of Ottawa-Carleton, February 1989.

4. These terms are adopted from the demographic projections report.

5. In fact, similar cautions must be part of the interpretation of all the projections in this study.

6. Other demographic variables were tested separately and in combinations. These variables included total population, and the adult female population. They were all less reliable predictors than the variable reported in the text.

7. Details of each version are presented in Appendix 1.

TABLE 1
STAGE 1 - HOMES FOR THE AGED - TOTAL DEMAND FOR BEDS

1987	1988	1989	1990	1991	1996	2001
900	940	990	1040	1090	1370	1650

TABLE 2
STAGE 1 - HOMES FOR THE AGED
RATIO OF EXTENDED/RESIDENTIAL CARE RESIDENTS

	1987	1988	1989	1990	1991	1996	2001
predicted	2.3	2.5	2.8	3.1	3.4	5.4	7.5
actual	2.6	n.a.	3.0				

TABLE 3
STAGE 1 - GWA CASELOAD PROJECTIONS
(monthly average)

	1987	1988	1989	1990	1991	1996	2001
MODEL 1							
predicted	11,800	12,500	12,900	13,800			
actual	12,194	12,900	13,800	16,502 *			
% deviation	-3.5	-3.3	-6.5	-16.4			
predicted (unemployment @ 6% throughout)					14,500	18,400	22,700
predicted (unemployment @ 6% 1991, 5% 1996, 4% 2001)					14,500	18,300	22,400
MODEL 2							
predicted	12,300	13,200	13,600	14,900			
actual	12,194	12,900	13,800	16,502			
% deviation	0.8	2.3	-1.5	-9.7			
predicted (unemployment @ 6% throughout)					15,800	21,200	26,800
predicted (unemployment @ 6% 1991, 5% 1996, 4% 2001)					15,800	20,800	26,200

* projected in RMOC documents

TABLE 4
STAGE 1 - GWA CASELOADS PROJECTIONS INCORPORATING IMPACT OF SARC
(monthly average)

	1990	1991	1996	2001
MODEL 3				
Unemployment constant at 6%:				
predicted	15,900	16,700	20,700	25,300
actual	16,502*			
% deviation	-3.6			
Unemployment at 5% in 1996 and 4% in 2001:				
predicted	15,900	16,700	20,000	23,800
MODEL 4				
Unemployment constant at 6%:				
predicted	16,000	16,500	18,900	21,500
actual	16,502			
% deviation	-3.0			
Unemployment at 5% in 1996 and 4% in 2001:				
predicted	16,000	16,500	18,800	21,400

TABLE 5
STAGE 1 - EMPLOYMENT PROGRAM REFERRAL PROJECTIONS
(annual total)

	1987	1988	1989	1990	1991	1996	2001
predicted	1900	1400	1900	2500			
actual	1651	1630	1628	1845			
% deviation	15.3	-15.7	16.6	33.9			
unemployment at 6% throughout					2600	4500	7600

TABLE 6
STAGE 1 - DAY CARE SPACES PROJECTIONS

	1987	1988	1989	1990	1991	1996	2001
predicted	3760	4120	4310	4550			
actual	3800	4121	4432	4832			
% deviation	-1.1	-0.0	-2.8	-5.8			
real GDP/capita growing at 3% p.a.					4780	5800	6810
read GDP/capita growing at 1% p.a.					4650	4930	5060

TABLE 7
STAGE 1 - PROJECTIONS OF FOOD PREMISES

	1990	1991	1996	2001
Unemployment constant at 6%:	3600	3700	4200	4700
Unemployment at 5% in 1996 and 4% in 2001:	3600	3700	4400	5000

TABLE 8
STAGE 1 - CHRONIC HOME CARE CASELOAD PROJECTIONS

	1990	1991	1996	2001
Caseload	43,700	48,800	57,200	63,300

Projections on calendar year basis. Actual caseload in FY 1989-90 was 40,937.

TABLE 9
STAGE 1 - OCCUPATIONAL THERAPY CLIENT VISITS PROJECTIONS

1990	1991	1996	2001
9200	10,900	13,600	15,600

III. ECONOMIC, POLITICAL & SOCIAL SCENARIOS

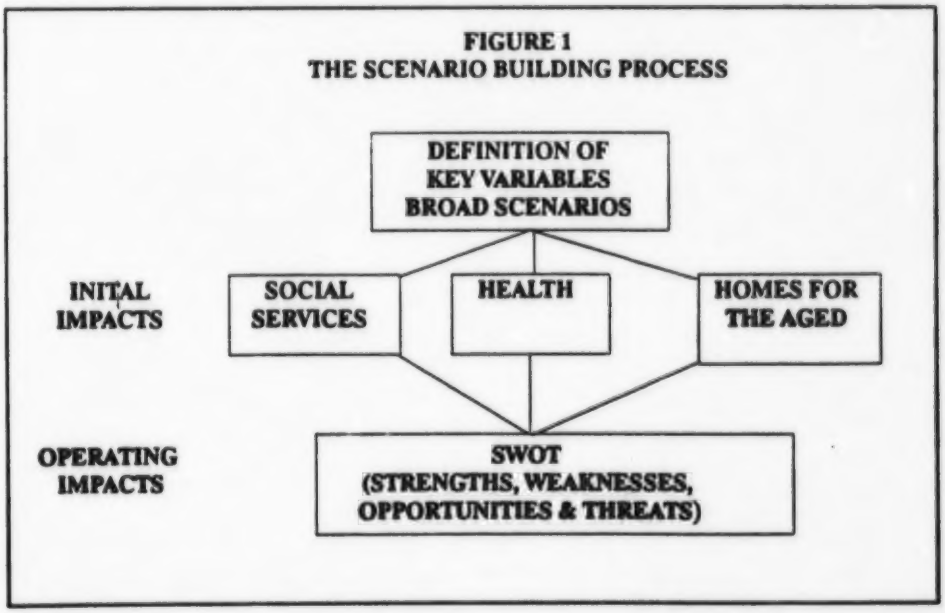
Demographic changes will not be the only reason for changes in the delivery of human services. A variety of social, economic and political developments at the federal, provincial and local level will also influence the way health, social services and homes for the aged programs are planned, delivered and evaluated as we head into the next century.

The political, economic and social environment within which RMOC human services operates is complex. There are almost constant proposals for change in one or more of the human services. Some of these come from the provincial or federal governments; some from program clientele and advocacy groups and some from within the RMOC itself. One objective of this study is to develop a sense of some of the likely possible developments in the political, economic and social environment that will shape the demand for human services and the approach to delivering them in the next decade. This has been accomplished through the development of broad scenarios describing the environment within which human services will operate.

It is important to understand the approach used to developing the scenarios presented in this report and their intended role in the future planning of RMOC. The technique of scenario-building very much needs to be placed in the overall framework of planning if it is to be useful. Misconceptions about the intent and nature of scenarios can mislead people to think that a particular vision of the future is assured, based on analysis that is undertaken at a particular point in time. Alternatively, one sometimes finds that organizations abandon the process of scenario-building if the future does not turn out as predicted. The following is intended to permit the RMOC to put the scenarios presented in subsequent sections of this report in their proper context and to begin to use them in an appropriate way, as part of the region's on-going planning process for human services.

Figure 1 provides an overview of the scenario-building process used in this study and an indication of where this exercise should lead the three human service departments concerned.

FIGURE 1
THE SCENARIO BUILDING PROCESS



The first task was to develop a limited number of broad scenarios. The preparatory work for this involved a review of approximately 50 reports and documents on human services that have been prepared by various governmental and non-governmental organizations in recent years. Appendix 2 contains a list of the reports reviewed. Each report was summarized in terms of the analytical template shown in Figure 2.

FIGURE 2

"TEMPLATE" FOR REVIEW OF REPORTS

1. General points raised as current or future issues in the area of concern
   - a) delivery models for service (e.g., deinstitutionalization, move from large to small facilities, etc.)
   - b) changes in the technology of service delivery (e.g., computerization, use of professional personnel, etc.)

2. Demographic change
   - a) impacts re: the demand for service
   - b) impacts re: changes in types of services required
   - c) quantitative estimates

3. Issues of governance
   - a) federal-provincial changes in funding or other relationships
   - b) provincial-municipal changes with respect to responsibility for the delivery of services, planning, funding (including user fees)
   - c) changes in responsibilities for services within the provincial government
   - d) links between policy domains (e.g., link between UI and social assistance)

4. Specific/miscellaneous points of interest raised in report that are relevant to our project

Where warranted, the existence of internal contradictions within particular reports or conflicting points of view among particular documents was noted. This review was complemented by introductory interviews with senior staff of Homes for the Aged, Social Services and Health to obtain their sense of priority issues and directions for the future. At the conclusion of this, a preliminary set of key political, economic and social variables was identified. Such variables are intended to form the basic dimensions of analysis as one thinks about future possibilities. This preliminary set of variables was reviewed with senior staff of the three human service departments and the Planning Department. The basic variables were themselves revised and the type of analysis that would be covered in the discussion of each variable was clarified as a result of this review. Figure 3 shows the basic variables that were determined to be important for inclusion in the scenarios.

FIGURE 3
VARIABLES FOR ANALYSIS

Political Variables

- Relative emphasis among the various health and social service sectors
- Allocation of responsibilities for planning, management and delivery of particular services among levels of government
- Allocation of responsibilities for financing services among levels of government and the extent of user fees and private fund raising
- Degree of local discretion
- Role of community-based planning organizations and advocacy groups

Economic Variables

- Level and nature of regional unemployment
- Provincial Gross Domestic Product

Social Variables

- Relative emphasis on institutional versus non-institutional care
- Relative emphasis on involving the voluntary sector to serve selected client groups versus "universal" programs
- Relative emphasis on preventative/promotional services versus remedial care
- Availability of an adequate supply of affordable and appropriate housing for different segments of the population.

At the same time as consensus on these analytical variables was being developed, discussion occurred about what might form the basic context for public policy making related to human services over the next decade. The consensus on this point was that the two most important questions to consider are the state of the provincial economy and the nature and extent of decentralization from the provincial government to the local level. As a result, two broad scenarios were identified to be the focus for further analysis: Provincial decentralization in a period of relatively strong economic performance and provincial decentralization in a period of weak economic performance.

The next step was to develop more detailed scenarios based on the contents of the various reports reviewed plus the projections of service demand and costs developed in phase one of the study. This was done for each of the human service departments involved in the study. The result is two scenarios for each department, describing possible future developments in terms of the variables listed above.

A number of caveats should be noted. The most important of these is that the exercise is not over. It must be completed by each of the departments involved. Each department should take its particular scenarios and refine them. Departments should consider the strengths, weaknesses, opportunities and threats each poses for their operations. This "SWOT" exercise should suggest some of the operating impacts of possible future developments. It is the final aspect of the scenario-building process.

The second caveat is that the entire exercise should not be viewed as finished once these operating impacts have been assessed. Planning is very much an iterative process. This particular study has provided the departments involved with a methodology for building scenarios. In short, it involves the identification of key variables for analysis and the consideration of those variables in light of possible broad trends. The questions of what variables should be considered as important and what broad trends are likely to emerge should be revisited on a regular basis. This might well be incorporated into an annual human services planning

exercise. Some of the provincial documents reviewed suggest that there may be increasing pressure from the provincial government for the RMOC to engage in regular human services planning. The report of the Social Assistance Review Committee, for example, raises this prospect.

The third caveat concerns the substance of the scenarios that are described in the following pages. Each of them could be replaced by different interpretations of what the future holds should the provincial government decentralize under different economic circumstances. As the departments involved in this study proceed to use the results in their operational planning, alternative interpretations should be encouraged.

Finally, it should be stressed that the scenarios presented here describe overall trends and developments over a ten-year period. Hence they extend beyond the life of any particular government (at the federal, provincial and regional levels) and particular ups and downs in the economic cycle, such as the current recession.

Homes For the Aged in a Period of Strong Provincial Economic Performance and Decentralization

The broad context for this scenario is as follows: The provincial economy is performing relatively well. The province's real Gross Domestic Product (GDP) is growing significantly and this growth is projected to continue for a number of years. Two consequences of this are that the demand for some forms of social assistance, such as General Welfare Assistance (GWA) and employment programs for those on GWA are declining and expected to decline further. The emphasis of the federal and provincial governments is on training for those who are already employed. This situation lightens the demand on provincial and regional coffers for expenditures on these and other aspects of social services which are sensitive to unemployment. At the same time, the growth in the provincial GDP is resulting in increased provincial government revenues. This enhances the potential for the provincial government to undertake new human services initiatives and bolster its support for existing programs.

In short, the state of the provincial treasury is relatively strong. This economic picture, combined with a provincial ethos to decentralize, suggests the following political and social environment for Homes for the Aged.

The Political Environment

- Relative Emphasis Among Service Sectors

The easing of pressure on social services that are affected by unemployment levels enables the provincial government to place relatively greater emphasis on human services related to physical and mental health. If the province chooses to revamp its own organization for human service - possibly by creating a new Ministry of Health Institutions to handle hospitals, homes for the aged and nursing homes - there could be strong prospects for an increase in the number of beds allocated to homes for the aged. In this environment, the province may well be more receptive to the recommendation of the Ottawa-Carleton Regional District Health Council that it fund a new level of "enhanced extended care" in homes for the aged than if the economy were weaker.

- Allocation of Responsibilities Among Levels of Government

The province would likely retain responsibility for the overall planning of human services in the province. This would include decision-making about the relative emphasis on expenditures for social versus healthcare services, institutional versus non-institutional care and the absolute level of provincial expenditures on human services.

Once these basic decisions were made, it is conceivable that the provincial and local levels of government could share decision-making about the management of human services. Homes for the Aged could be affected in this regard by the creation of a single regional budget for long-term care, as was recommended by the Long Term Care Strategy. The precise allocation of this budget would be subject to negotiation among the provincial

ministries involved in human services and the three human service departments of RMOC. They, possibly with some representation from consumers, hospitals and other groups could constitute the local planning organization for long-term care recommended in the recent strategy report.

The RMOC would continue to deliver institutional services to the elderly. As is currently the case, its direct institutional role would continue to be to provide care to those deemed "most in need." However, in the context of provincial decentralization and increasing demand for beds as the population ages, the Homes for the Aged Department could also find itself taking on the role of contractor for institutional care to the elderly. It would therefore be required to assume the regulatory and supervisory role that the position of contractor implies, subject to some provincial guidelines.

- Allocation of Responsibilities for Financing Services

The province would likely maintain its current commitment to the provision of institutional services in homes for the aged. The buoyant economy may result in funds being made available to the local long term care planning organization for pilot projects. These pilot projects might involve an enhanced role for the Homes for the Aged Department in programs such as respite care and home support (now represented by Meals on Wheels), which are currently a relatively small part of the department's operations. The strength of the economy would result in little pressure for a real increase in user fees for services provided by Homes for the Aged, although increases in line with inflation could still be seen as appropriate.

- Degree of Local Discretion

In keeping with its philosophy of maintaining central control over planning, shared management and local delivery of homes for the aged services, the provincial government would likely continue to set standards and regulations for residential and chronic care institutions. Some of these standards and regulations may be influenced by the particular terms of federal conditional grant programs related to services provided by Homes for the Aged. Nonetheless, the RMOC could still have an enhanced responsibility for self-regulation under the orbit of the provincial regime. It is also conceivable that the RMOC or the local long-term care organization could be assigned responsibility for the supervision of long-term care facilities not operated by the RMOC. This might include inspection of homes for the elderly and extended care facilities. Public displeasure at the lack of regulation of certain types of nursing homes in the province may compel the province to introduce more widespread regulations and inspection procedures. It is conceivable that the RMOC Homes for the Aged Department, possibly in conjunction with the Health Department could be called upon to implement these initiatives.

- Role of Community Based Planning Organizations

Any local long-term care planning organization will be required to involve a variety of local community organizations in its work. Chief among these will be the District Health Council. Its new mandate to plan human resource needs in the healthcare sector and to consider the best link between health and social services in the region will give it additional influence with the provincial government. However, the local long-term care organization and the Homes for the Aged Department will also have to relate to a variety of other community organizations, including those representing recipients of the department's services.

The Social Environment

- Emphasis on Institutional Vs Non-Institutional Care

There will be continuing emphasis on de-institutionalization. However, the strong economy, combined with the increased demand for institutional beds as a result of the aging population, would enable the province to increase bed capacity in the region. The pressure to increase bed capacity will become increasingly acute as a greater number of people move into the 75 and over age group. There may be a variety of models of service used. Some beds may be added to the RMOC's existing facilities or it may be permitted to build new ones. The RMOC may also be encouraged to buy beds in other facilities. The overall emphasis on non-institutional care may contribute to an expansion of the Homes for the Aged programs for respite and home support. However, the bulk of the training of the elderly and their caregivers to look after themselves in a non-institutional setting would be handled through the Health Department and the Homecare Program.

- Universality and Selectivity in Programming

The economic situation suggests that there would not be an outright squeeze on the availability of service for any sector of the population, other than that which will result from the size of the elderly population rising significantly. It is likely that the suggestion by local organizations that long-term care services be improved for the elderly who are francophone will receive considerable attention, if additional funds are available. Also, the province's announced intention that the multicultural makeup of the province be reflected in the provision of human services will likely work its way through the local planning process. The result could be some special initiatives for the elderly who are from diverse cultural and linguistic groups. These might include the RMOC collaborating with ethnically related institutions (churches, social organizations, etc.) to establish relatively small institutional facilities to meet the needs of the elderly from particular groups.

- Emphasis on Preventative/Promotional Services Vs Remedial Care

There would likely be enhanced emphasis on preventative/promotional services. To the extent that Homes for the Aged is involved in this area - through respite care, daycare for the elderly, meals on wheels, etc. - there will be resource implications for the department. However, as previously indicated, the demand for remedial care or sustained care in institutions will become even stronger than at present. Accordingly, a major challenge for the local long-term care planning organization and for the RMOC will be to determine the extent to which the Homes for the Aged Department will focus its efforts on prevention and promotion versus institutional care.

- Availability of an Adequate Supply of Affordable and Appropriate Housing for the Elderly

A strong economy places pressure on rents to rise. The provincial government's overall orientation to decentralization could induce it to place pressure on municipal councils to ensure an adequate supply of affordable housing in the marketplace. However, such initiatives would take time to implement. Over the short term this would place pressure on the elderly who are renters to apply for admission to homes. The immediate impact of this on Homes for the Aged would be lessened if the provincial government chose to devote more of its resources toward the provision of nonprofit housing suitable to the needs of the elderly.

Homes for the Aged in a Period of Weak Economic Performance and Provincial Decentralization

In this scenario, the provincial economy is weak. The provincial economy is in a lengthy period of low growth, no growth or negative growth. As a result of increased unemployment, the demand for social assistance in the form of GWA and GWA-related employment programs increases. This puts considerable strain on provincial and regional government budgets at a time when revenues to governments are decreasing, again a result of hard economic times.

The provincial government's inclination to decentralize also exists in this scenario. However, the reasons behind decentralization may be different from the motives present in good economic times and the nature of decentralization from the provincial to the regional or local level may also differ. For example, the provincial government (and also the federal government) may emphasize decentralization of the economic burden of providing human services.

The following are the key differences between the political and social environments affecting RMOC Homes for the Aged in good and bad economic times.

The Political Environment

- Social assistance services related to income support and other types of programs sensitive to the high unemployment rate would consume any slack in the provincial treasury and begin to eat into budgets for other services at the provincial and regional level. There would be little, if any, prospect of increased funds for Homes for the Aged beds.

- The province would retain its responsibility for the overall planning of human services. The concept of a regional budget for long-term care might also be implemented. However, there would be little scope for change from the current approaches to delivering long-term care because of the increasing pressure on existing programs and the lack of funds to support the startup costs of innovative programs - even those that might reduce costs in the longer run. Initiatives to enhance the RMOC's role in regulation and inspection would be minimal Even should the province decide to pass responsibility for these functions down to the RMOC, adequate funds would not be available given the demands on the region's budget caused by the social services portfolio. If the province chose to retain responsibility for regulation and inspection, no new initiatives would occur.

- In addition to freezing its financial commitment to Homes for the Aged, the province would likely insist on greater use of user fees. The RMOC could conceivably be given the mandate to determine what the new fees would be, although provincial changes in transfers for homes for the aged could effectively dictate what had to be done. Financial constraints would also induce Homes for the Aged to begin private fundraising for needed equipment.

- The province would acknowledge the existence of community based planning organizations with an interest in the elderly. However, it would not fund any new organizations, other than possibly the local long-term care planning organizations. Political competition among diverse community based organizations for scarce human services funds would be stiff. The provincial government would stand back from the fray and concentrate its efforts on dealing with its fiscal difficulties. If other regions of the province are more hard hit by the economic downturn than Ottawa-Carleton (as would be likely), the province could be even more standoffish and the competition locally even more acute. Ultimately, this could result in a stronger coalition of groups interested in care for the elderly to countervail the competition from other community groups interested in other sectors of the population for scarce human service funds.

The Social Environment

- The weak economy necessitates increased emphasis on non-institutional care. However, the necessary support systems for such an approach to meet the needs of the elderly are not affordable. The result is an even more acute demand for Homes for the Aged beds, without any increase in supply due to lack of provincial funding.

- Institutional care for particular cultural or linguistic groups cannot be enhanced because of financial constraints. Homes for the Aged services become increasingly consumed by those most in need of increasingly high levels of care. There is increasing pressure to extend the level of chronic care provided (without recognition in the province's funding formula) and to provide care to people in the residential category that effectively recognizes their need for chronic care.

- More intense demand for institutional beds and the scarce resources of the Homes for the Aged Department force it to concentrate exclusively on remedial care in its existing institutions.

- Adequate housing for the elderly with special needs continues to be a problem which forces some who might be able to remain in the community if alternatives were available, onto the waiting list for Homes for the Aged beds. Affordable housing continues to be a problem for a segment of the elderly, although bad economic times has reduced the pressure on rents. Landlords, however, are economizing on maintenance. This has a bad effect on the conditions in which some elderly people live, inducing them to apply for an institutional bed.

The Social Services Department

The analysis of social services caseload and cost data in light of demographic projections for the region was conducted for four Social Service programs: General Welfare Assistance (GWA), Employment Programs, Day Care and Residential Services. This latter program provides shelter for various types of clients.

In reality, the activities of the Department of Social Services cover more than the titles of the programs subject to quantitative analysis would suggest. For example, the GWA program in the region is perhaps one

of the most extensive in the province in terms of the support services and optional benefits that RMOC supplies to recipients. This suggests that the scenarios outlined here will require considerable elaboration by the staff of the Social Services Department in order for them to become part of their operational planning process.

The situation of Social Services is further complicated by the fact that the provincial social services system is beginning a significant transformation.

It has already been noted that the implementation of the first phase of the SARC reforms is having an influence on the profile of the region's GWA caseload. Much has been made of the assertion that the startup costs of the SARC reforms will be far outweighed by the longterm benefits and cost savings that will occur. An important question as we assess the future from a political, economic and social perspective is whether or not a relatively buoyant economy is a prerequisite to sustaining the immediate costs of the SARC reforms until longterm benefits can be realized.

The second potent force for change in the region's social service operations is the report of the Provincial-Municipal Social Services Review (PMSSR). That report proposes to re-organize the service envelopes for social services (see Table 10 on following page). The five service envelopes are:

1. Children's Services
2. Income and Employment Support
3. Facility-Based Care for Persons with Developmental Disabilities
4. Child Care
5. Community-Based Support Services.

In reviewing the recommendations of PMSSR, it is particularly important to note the following:

- It recommends (as did SARC) that GWA and Family Benefits be combined.
- It recommends that the province take over entire responsibility for all income support allowances and benefits. (It should be realized, however, that the province would not be the only player in the game. It is highly likely that the federal government will continue to be involved in some form of transfer for income and employment support. Possible changes in the nature and level of federal support through the Canada Assistance Plan (CAP) are important to consider.)
- The question of whether or not there should continue to be provincial-municipal cost sharing of the administration of Income and Employment Support programs remains contentious and unresolved.
- It proposes that the province assume all responsibility for the planning and management of children's services. Among other things, this would end the Region's financial link with the Children's Aid Society.
- It proposes that the Region assume full responsibility for the management of child care services, including the inspection of day cares. Provincial-municipal responsibility for funding these services would be shared on a 75%/25% basis.
- The province would continue to take responsibility for most facility-based care for persons with developmental disabilities. However, beginning in 1994, municipalities would assume responsibility for service management and cost-sharing in the case of community-based accommodation and support services for these people.

Table 10 summarizes the proposed service envelopes contained in the PMSSR Report and the proposed new financial framework for social services in the province.

TABLE 10
PROPOSED NEW PROVINCIAL-MUNICIPAL FRAMEWORK

	Service Envelopes	Responsible for Legislation and Policy Development	Responsible for Service Management	Responsible Funding
1.	Children's Services	province	province	province
2.	Income and Employment Support	province	province	
	- Allowances and Benefits			province
	- Administration		unresolved	
	- Employment Support			status quo
3.	Facility-Based Care for Persons with Developmental Disabilities	province	province	province
4.	Child Care	province	municipalities	province 75% municialities 25%
5.	Community-Based Support Services	province	municipalities*	province 75% municipalities 25%

* Service management and cost-sharing responsibilities for community accomodation with care and support services for persons with developmental disabilities should be assumed by municipalities in 1994. The Integrated Homemaker Program is excluded from municipal service management and funding responsibilities at this time.

Source: *Report of the Provincial-Municipal Social Services Review* prepared for the Ontario Ministry of Community and Social Services (Toronto, 1990), p. 28.

From discussions with Social Service Department officials and a review of a variety of reports pertaining to social services, it is evident that the report of the PMSSR is a crucial document in setting out possibilities for the evolution of social services in the province. Similarly, the resilience of the proposed SARC reforms to changes in the economic and political environment is a matter of concern. Accordingly, the scenarios for social services are largely oriented to considering the implications of provincial decentralization in the context of different economic environments on the realization of the ideas that have emerged from these two initiatives. For consistency's sake, the nomenclature of the five service envelopes set out in the PMSSR will be used in the discussion of the broad impact of the political, economic and social components of the scenarios on social services.

Social Services in a Period of Strong Provincial Economic Performance and Decentralization

In this scenario, the provincial economy is performing relatively well. The province's real GDP is growing significantly and this growth is projected to continue for a number of years. This has potential consequences for income support and employment support programs.

Empirical analysis suggests that GWA caseloads are currently not very sensitive to unemployment. However, SARC may re-establish a link between employment and assistance. This could occur if more people are induced into the labour force as a result of employment opportunities. If those opportunities are concentrated at the lower end of the labour market, individuals filling those jobs may place increasing demands on income support programs to top up their income to an "acceptable" level. To the extent that these new jobs involve non-standard work (part time, short term or self-employment), employment for individuals in these positions may be episodic in nature. Again, this could place an added burden on income support programs, despite the fact that the overall economic picture is relatively rosy.

A related trend however, is that the demand for the type of employment programs operated by RMOC would decline, as people become more able to get jobs, of whatever quality, without assistance. In this scenario, federal and provincial funds in this envelope are oriented toward job training for those who are employed.

The real growth in the provincial GDP results in increased provincial government revenues. This enhances the potential for the provincial government to undertake or encourage new social service initiatives. In the social services domain, these are particularly oriented toward dealing with the intense demand for child care and toward those children's services oriented toward dealing with the lingering problem of child poverty and children's general welfare.

This economic picture, combined with a provincial ethos to decentralize, suggests the following political and social environment for the Department of Social Services.

The Political Environment

- **Relative Emphasis Among Service Sectors**

Although SARC reform does result in an increase in the caseloads for income support programs, the duration and amount of income support required by clients declines, as the SARC philosophy takes hold. Even those individuals relying on non-standard work, are able to continue to move in and out of employment because there are more jobs available. Over the longer term, this permits the province to put relatively greater emphasis on human services related to physical and mental health. That having been said, the provincial government continues its practice of increasing the funds devoted to funding child care spaces as its own revenues increase. This pattern continues regardless of any broad federal child care initiative. Thus,in terms of social services where the RMOC has a management role, child care receives the strongest boost in provincial funding. Relatively good economic conditions within the region, combined with the intense demand for child care induce the RMOC to respond positively to the increase in provincial support for child care and to consider ways to further augment the child care envelope.

- Allocation of Responsibilities Among Levels of Government

The province implements the provincial-municipal relationship in social services recommended by the PMSSR. In short, it retains all responsibility for legislation and policy development. The municipal role is in the management of child care and community-based support services and in the actual delivery of some programs in the Income and Employment Support and Child Care areas. In the child care area, provincial decentralization may result in RMOC centralization. The RMOC may determine that it wants to run day care centres itself, perhaps in collaboration with school boards or community centre boards. It will also be delivering inspection services to child care facilities. This latter task will be increasingly demanding as the number of facilities increases. If child care facilities in the "informal sector" are seen as a priority for regulation, the demand for resources devoted to inspection will be particularly high.

- Allocation of Responsibilities for Financing Services

The PMSSR funding framework is implemented. The province uses the leverage it has from increased revenues to gain increasing support for social service reforms in the more traditional areas of the province by agreeing to fund 100% of the administration costs of Income and Employment Support Programs. If regional council sees fit to retain the resulting budgetary saving in its own social services budget, the savings realized are devoted to child care. User fees are de-emphasized, although public child care continues to be a graduated subsidy program.

- Degree of Local Discretion

In service envelopes where the provincial government retains management responsibility, the RMOC is subject to rather stringent regulation related to those program components mandated by the province. In many cases, these regulations are tied in with the funding system. The province continues to allow municipalities to deliver programs which augment the basic provincial envelope, in areas such as income support benefits. Standards for these programs are at local discretion. With respect to child care and the management of funds which go to community-based support services, the province basically permits the municipality to establish its own standards and determine the frequency of inspections and reviews.

In keeping with the recommendations of SARC and PMSSR, the province initiates a social service planning exercise for each region/county in the province. This exercise is seen as developmental in nature and is not particularly focussed on results or meeting provincial requirements.

- Role of Community-Based Planning Organizations

Both the province and the region emphasize community-based planning. The planning exercises that occur are relatively diffuse in terms of the organizations they involve. Community-based service providers and specific client groups, as well as the general community are involved. The province's initiative to have the RMOC undertake a comprehensive social service planning exercise focussing on the new social service envelopes assumes paramountcy over the idea that the district health council should assume responsibility for program and human resource planning in social services,as well as health.

The Social Environment

- Emphasis on Institutional Vs Non-Institutional Care

Implementation of PMSSR means that RMOC Social Services is most concerned with institutions in the context of its role as service manager for community accommodation, care and support for persons with developmental disabilities, child care and other community-based support services, such as emergency shelters. In all three of these service envelopes, the Region pursues a course of purchasing services from the not-for-profit sector for beds or spaces in group homes, shelters treatment centres and daycares that are relatively small in size. Even when the RMOC engages in the direct operation of services in these envelopes, the facilities developed are small. For example, joint RMOC-school board daycare projects do not have the equivalent enrolment to an entire public school.

- Universality and Selectivity in Programming

The emphasis on small units of delivery permits the RMOC to tailor the social services it manages to the needs of specific population groups in the community. A major emphasis is put on meeting the particular service needs of clientele from different cultural backgrounds. One result of the relatively strong economy is that diverse community groups are able to raise money to construct facilities, such as community centres, which can serve as the base for child care and other community support services managed by the region. In some cases, the RMOC may actually contract with these groups to deliver child care, community accommodation and community-based support services.

- Emphasis on Preventative/Promotional Services Vs Remedial Care

The relatively strong economy encourages the provincial government to move into the second and third phases of implementing SARC reforms. This further buttresses the notion that income and employment support programs are oriented toward preventing long term poverty, as well as being remedial in the short term. On another front, the province takes a strategic approach to dealing with the demand for a technologically sophisticated and mobile labour force by centralizing provincial responsibility for employment policy and programs in a single ministry. As the province (and the federal government) move more aggressively to ensure that the skills of the labour force are in keeping with modern needs, some benefit is realized by the public traditionally served by Social Services. Those obtaining higher skilled jobs will increase their incomes. These result is a discontinuation of reliance on Income Support and a decrease in the subsidy they require for child care. In the latter instance, this may result in some freeing up of spaces; but not a lessening of demand, as more females are lured into the labour force by the stronger prospect of getting a job.

- Availability of an Adequate Supply of Appropriate and Affordable Housing for Different Segments of the Population

Affordable housing is a problem for those at the lower end of the income scale. A strong economy places pressure on rents to rise. The provincial government's inclination to decentralize causes it to place pressure on municipal councils to ensure an adequate supply of affordable housing in the marketplace. However, the provincial sanctions for local inaction may require some time to take effect. In contrast, the strong economy results in good news for those who require special housing needs. A variety of community and not-for-profit groups are able to use the sustained period of economic growth to overcome the notion that "everything is fine for everyone" and raise funds for the construction of small facilities to meet the needs of the disabled and those with a need for emergency shelter of different types.

Social Services in a Period of Weak Economic Performance and Provincial Decentralization

In this scenario, the provincial economy is in a period of no growth, low growth or negative growth. As a result of increased unemployment, the demand for Income Support and Employment programs increases. This puts considerable strain on provincial and regional government budgets at a time when revenues to governments are decreasing, again as a result of the weak economy.

The provincial government's inclination to decentralize also exists in this scenario. However, the reasons for decentralization and the nature of decentralization are sometimes different from those in the previous scenario.

The following are the key differences between the political and social environments affecting Social Services in good and bad economic times.

The Political Environment

- The increased demand for income support places considerable demand on the provincial treasury. Programs in the Income and Employment Support envelope expand with increased demand (especially GWA) and dominate the regional political agenda. As a result, expansion of programs in other envelopes where the region has a financial role is not on the agenda.

- The province's revenues are declining due to the weak economy. At the same time the federal government is experiencing financial difficulties. Among other things, the federal government's difficulties are due to a decline in tax revenues and an increase in demand for Unemployment Insurance. The federal government's response to the pressure on its social expenditures and the decrease in its ability to pay for open-ended social programs includes a freeze on Canada Assistance Plan transfers to the provinces. This places additional pressure on the province which responds by requiring municipalities to continue to contribute to the allowances and benefits for programs in the Income and Employment Support Envelope, as well as to the administration costs for those programs. Municipalities are also require to continue their contributions to Children's Aid Societies. There is no expansion in the number of subsidized child care spaces available through provincial support.

- The province permits, but does not require regional planning for social services. In any such planning that the RMOC does, it uses its own discretion in involving community-based organizations. The province's emphasis is on the operational control of costs, so the RMOC expends a lot of administrative energy in justifying past expenditures, rather than in planning.

The Social Environment

- The province continues its program of de-institutionalization and implements the PMSSR recommendation to involve municipalities in the management and funding of community-based care for persons with developmental disabilities. A shortage of provincial and regional funds means that support services for these and other groups in the community with special needs are not available.

- The weak economy results in particular segments of the community being unable to raise funds for facilities and programming to meet their special needs. Nonetheless, the voluntary sector is forced to take on an increasing burden in providing social services. The RMOC, strapped for resources, is also unable to consider the needs of particular cultural or other groups in its formal social service programming.

- Leery of rising income support costs, provincial and local politicians lose their confidence in the "leap of faith" that full implementation of the SARC reforms will result in a reduction in social service costs (and an improved human condition). Plans to implement subsequent phases of the SARC reforms are abandoned and there is pressure to reduce some of the "top up" benefits for the low income employed because of the heavy demand from the unemployed on Income and Employment Support Programs.

- Market rents are stable or decrease. But those vulnerable to unemployment or reduced income during these difficult economic times are no more able to pay than before. Furthermore, landlords reduce maintenance, especially of rental housing at the lower end of the market. As a result the condition of market housing available to low income persons declines. The federal and provincial governments determine that they do not have the financial resources to mount subsidized housing programs for low income persons or for those with other types of special needs. In the case of the latter group, this places a special burden on affected families, which in turn, places a burden on the human services delivery system.

The Health Department

The RMOC Health Department is also in transition. Among other things, changes in the focus and program structure of the Health Department are occurring in response to: the *Mandatory Health Programs and Services Guidelines,* issued by the province in 1989; the ongoing internal reorganization of the Health Department to increase the focus of its programs on meeting the needs of the population at different stages in the human lifecycle; and the increasing public profile and volatility of specific public health issues, such as beach pollution, health hazards in the workplace, and so on.

The quantitative analysis of the demand for health programs is based on the availability of data for specific programs. These are: the Health Department's Dental Program; Food Safety Program; In-home Chronic Care Program; and Therapy Program. However, a review of the general environment within which the Health Department is operating points to many broader issues affecting the Department's organization

and resources. Two issues are of paramount importance. The first is the degree of emphasis which will be placed on preventative versus remedial/institutional care in the future. The second concerns the question of how the entanglement of programs currently in Health and Social Services will be clarified. This is seen as necessary in order to minimize unwanted overlaps and gaps in funding and programming at the provincial and local levels and to make human services as responsive as possible to public needs.

Many of the reports reviewed that deal with health issues have common themes: the need for greater emphasis on primary health care; the important role of community service providers; and the need to emphasize prevention in the health field are among the most prominent. The plethora of reports that deal with these common themes tend to do so in the context of urging the provincial government to take particular directions away from emphasizing institutional hospital care. However, the sheer size and complexity of the health care system, combined with the province's sunk costs in hospitals and other health institutions and the demands of those institutions themselves for new resources, suggest that change will be slow. This view is buttressed by the fact that the provincial government is still trying to sort out its internal organization for health and social services and its approach to funding those public health programs that it considers mandatory. As a result of these circumstances, the specific policy environment for RMOC Health services may be characterized by a series of specific initiatives, emanating from both the local and provincial levels. Together, these initiatives will tilt the provision of resources toward or away from the types of activities undertaken by public health departments in Ontario. The scenarios for health which follow are intended to reflect this broad context.

Public Health Programs in a Period of Strong Provincial Economic Performance and Decentralization

In this scenario, the provincial economy is performing relatively well. The province's real GDP is growing significantly and this growth is expected to continue for a number of years. The most important consequence of this for the health system is that provincial government revenues are increasing. This enhances the potential for the province to undertake new human service initiatives outside the domain of income and employment support programs for those needing social assistance. For RMOC Health, this suggests the following political, economic and social environment.

The Political Environment

- Relative Emphasis Among Service Sectors

Increasing provincial government revenues enable the provincial government to place relatively greater emphasis on funding the health care system. However, the pressure from institution-based providers of health care on provincial coffers is unrelenting. This pressure could be buttressed if the province chooses to create a new Ministry of Health Institution to handle hospitals, homes for the aged and nursing homes. In good economic times, such a ministry could act as a very effective lobby for the institutional sector within the provincial government. One possible result of this situation could be a closer alliance between public health and related aspects of social services at the provincial and regional level. This would be accompanied by a period of "settling out," as organizational and program relationships are rationalized. Following this period, the resulting organizations within the provincial government and at the local level, would be in an enhanced position to garner a greater share of provincial (and perhaps local) coffers.

In terms of the Health Department's current responsibilities, the strong economy will result in an increase in the number of restaurants, food stores and other establishments requiring inspection. The demand on inspection services would also be intensified by an increase in housing and other construction in those parts of the RMOC where septic tank inspections are necessary.

- Allocation of Responsibilities Among Levels of Government

In the area of public health, the provincial government continues to develop mandatory program guidelines. However, it shows an increasing willingness to allow local decision-making in establishing models of service delivery and objectives for performance in specific program areas. In this context, what the province does require is that the region's district health council be satisfied that the RMOC's public health programs

demonstrate appropriate planning and evaluation. The DHC is also to ensure that public health programs are characterized by community participation and responsiveness.

- Allocation of Responsibilities for Financing Services

The relatively strong economy suggests that there will be no change in the province's basic approach to funding public health. User fees will be de-emphasized. Regardless of whether or not there is some realignment of health and social services at the provincial and local levels, the province will demonstrate an increasing interest in pilot projects to examine the potential of new models for the delivery of health care. Two of the RMOC's health programs that would be likely candidates for such projects are the Chronic in-home care program and the Therapy program. Health Department staff involved in these programs might find themselves in new working relationships with Homes for the Aged and local hospitals as these pilot programs evolve.

- Degree of Local Discretion and Role of Community-Based Planning Organizations

The province increases its reliance on the region's DHC to determine the appropriate mix of health services to be offered in the region. The DHC, in turn, broadens its focus to look at public health's relationship to social services programming in the area. Both the DHC and the Health Department place a high priority on involving a wide range of community groups in their program planning process.

The Social Environment

- Emphasis on Institutional Vs Non-Institutional Care

The province uses its increased revenues to fund improvements in health institutions. It continues to espouse the merits of primary health care and de-institutionalization. The funds devoted to supporting de-institutionalization and enhanced community-based health come in the form of grants for pilot projects for hospitals in the home, community health centres, integrated health and social service programs and so on. The RMOC has to compete with other municipalities to receive grants for such pilot projects.

- Universality versus Selectivity in Programming

The strong economy has a positive effect on RMOC revenues as well as those of the province. Recognizing the increasingly multicultural character of the region, resources are devoted to mounting public health programs that are sensitive to the needs of different cultural groups. The voluntary sector is heavily involved in these efforts. The Region is also able to continue its support of some universal programs, most notably school-based immunization programs, which are seen as important.

- Emphasis on Preventative/Promotional Services Vs Remedial Care

The basic orientation of the Health Department staff to emphasize the prevention of disease and disability among the population continues. However, the resources of the department are consumed by an increasing demand for services - most notably for In-home Chronic Care, Therapy and Inspection. Demand for the former two programs is driven by the aging of the population. The relatively strong economy has brought about an increase in the demand for inspection services. The result is that preventative care is largely oriented to those receiving remedial care through the public health system. The Health Department does, however, devote a portion of its budget to broad based prevention programs related to what it sees as major health risks.

- Availability of an Adequate Supply of Affordable and Appropriate Housing for Different Segments of the Population

A strong economy does not ease the problem of affordable housing for those at the lower end of the income scale. The provincial government's inclination to decentralize induces it to pressure municipal councils to ensure an adequate supply of affordable housing. Nonetheless, such initiatives take some time to have a notable effect. However, the strong economy results in more immediate good news for the disabled and others with special housing needs. A variety of community and not-for-profit groups construct community-based housing for these people. Both the lack of affordable housing and the increase in community-based housing for those with special needs places an increased demand on the staff of the health department. The affordability problem has a bad effect on the health of low income families caught by the situation, especially

the children in these families. The increasing availability of community-based housing for those with special needs, while a positive development, places additional demands on public health resources as more people come forward to seek care.

Public Health Programs in a Period of Weak Provincial Economic Performance and Decentralization

In this scenario, the provincial economy is in a period of no growth, low growth or negative growth. This results in a reduction in provincial government revenues. It also puts a strain on regional revenues, as provincial grants are cut back and the RMOC's own leverage to tax is strained. Another important effect of this scenario on all human services is the increasing demand it places on income and employment support through the social service system. This reduces the resources available for those aspects of social service not related to income support, public health and homes for the aged.

The following are the key differences between the political and social environments affecting Health in good and bad economic times.

The Political Environment

- Income support programs require an increasing share of the human services budget at the federal and local levels.
- The provincial government continues to develop mandatory program guidelines for public health. It permits the Health Department to experiment with models of program delivery, but only in those programs where the region is paying a share. The DHC's continue as local health planning bodies. But they operate under more specific direction from the province as to what service priorities the province is willing to fund. The province, in effect, centralizes its control over the DHCs. The Health Department is required to devote an increasing effort to accounting for the provincial funds it receives.
- User fees and increased local funding of public health are emphasized by the provincial government, as it tries to keep up with the need for institutional care. There is a severe scarcity of provincial funds for innovative programs.

The Social Environment

- The province continues to urge that non-institutional care be emphasized. However, it places the financial burden of providing such care on local governments and community groups. The weak economy leaves both unable to respond to the extent that is necessary.
- To the extent that the RMOC can respond to the need for preventative programs, only the "highest return" programs can be mounted. The strategy required is to reach the maximum number of people possible about concerns related to the most serious public health hazards. Except on an informal basis, the Health Department has little option but to focus on the needs of the general population, as it mounts its prevention programs. In another context, economic difficulties result in the demise of some of the "universal" programs, like school immunization, that can also be handled by private practitioners.
- Maintenance of housing stock at the low end of the market decreases, as landlords and low income owners feel the financial pinch. This results in an increased demand on nursing staff to deal with the declining health status of low income families.

IV. CONCLUSION

Human services programs are an important component of the activities of the Regional Municipality of Ottawa-Carleton. Indeed, currently over 40% of the RMOC's budget is devoted to human services. The results of this research project suggest that, if anything, this proportion will grow over the next decade. These facts alone indicate that the decision to conduct a thorough planning exercise in this area is well founded.

The results of the demographic analysis strongly suggest that the aging of the overall population and the aging of the elderly population of the Region will produce major pressures on human services programs in the coming years. Homes for the aged, chronic home care, and occupational therapy are the programs that will be most significantly affected. Other Health Department programs are likely to experience increased pressures as well.

The analysis also indicates that the demand for social assistance will continue to increase. In part, this pressure is related to general population increases, but if recent historical patterns continue, the need for social assistance will grow more rapidly than population. The major new factor likely to impact on social assistance is the introduction of the SARC reforms. A good deal of uncertainty still surrounds the impact of these reforms, simply because they are so recent. However, our results suggest that initially, GWA caseloads are increasing as a result of SARC (though costs may not be increasing concomitantly), but that the longer run impact on caseloads may be much less significant.

The demographic analysis suggests that little, if any, pressures will be eased from programs relating to children (e.g., day care) as this population group declines relative to the total regional population. In part, this is because, in terms of absolute numbers, population declines are minimal or non-existent; indeed most age groups under the age of 24 will continue to grow in absolute terms. In part, the pressures are unlikely to ease, at least in the area of day care, because there is a very large unserved demand currently existing.

Finally, it is prudent to repeat our caveat regarding the interpretation of the results of the demographic analysis. The projects offered in this report should be read only as general statements of the pressures that are likely to develop over the next ten years based on recent experience. They do not, for example, take into account the effects of changes in the political and social environment, which as our analysis also indicates, may change significantly over the same period.

Overall, the political, economic and social environment within which human services operate will continue to be characterized by considerable entanglement between the provincial government and RMOC. The importance of federal policies, including the federal government's fiscal stance, on what happens provincially should also be recognized. Ultimately the federal government's decisions about such questions as the approach it will take to child care, housing and meeting the financial demands associated with CAP influence the nature and level of local human services.

That having been said, why have the scenarios focussed on decentralization to the local level as one of the major trends in the next decade? One reason is that many of the documents reviewed as part of this study focus on the need for greater flexibility and local influence concerning the way human services issues are dealt with. Another reason is that professionals in the human services field are currently observing a trend to provincial decentralization.

A review of all of the scenarios suggests that it will be important for the RMOC to think of provincial decentralization in terms of two major dimensions. First is the type of decentralization that is undertaken related to particular programs or services. Here we can distinguish among decentralization of the planning, management, delivery and funding responsibilities for particular services. Second is the degree of decentralization in these various areas. The scenarios indicate that there may be an important difference between decentralization in a relatively strong economy, as compared to decentralization during difficult economic times. If the economy remains relatively strong over an extended period, the provincial government may be more willing to decentralize the planning, management and delivery of human services, without necessarily transferring an extra financial burden to the local level. In a weaker economy, it can be suggested

that the province may centralize the planning and control of human services in order to contain its own financial obligations. At the same time, it may decentralize the burden of funding services to the local level. It will be important for the RMOC to monitor whether or not this relationship does apply over the next decade.

It also became evident as the scenarios were developed that there are a variety of possible organizational regimes that the provincial government may develop to handle its internal relationships concerning human services and to build its own links to specific communities and client groups. The individual scenarios for the three service areas suggest a number of possibilities. Those working in one particular service area should look at the scenarios developed for other areas to get a sense of what might occur if, for example, the particular orientation of those reports dealing with social services (as compared to health) was adopted. Whatever organizational arrangements do evolve at the provincial level should be carefully assessed by those involved in human services planning for RMOC. What emerges will have an influence on determining the nature of human service priorities at the provincial level and the types of interrelationships which will exist among services there. This, in turn, will influence RMOC human services priorities and organization.

APPENDIX 1
REGRESSION MODELS

HOMES FOR THE AGED

	Independent Variable	Coefficient	t-value
Total demand:	Constant	-1270.374	-2.3
	Capacity	0.744	3.9
	population 65 +	0.011	8.2
	pop. 75 + /pop. 65-74	1689.894	2.5

adjusted R-squared = 0.868

Extended/residental care:	Constant	9.656	5.6
	Capacity	0.002	2.9
	pop. 75 + /pop.65-74	14.659	7.3
	females 65 + /males 65 +	-10.773	-16.2

adjusted R-squared = .860

SOCIAL SERVICES

	Independent Variable	Coefficient	t-value
1) GENERAL WELFARE ASSISTANCE			
Total demand:	Constant	-34480.45	-9.4
(Model 1)	Population 15-64	0.102	18.1
	unemployment (lagged)	134.708	0.3
	Migration	0.067	1.0
adjusted R-squared = 0.982			
Total demand:	Constant	8087.769	4.0
(Model 2)	Population 15-64	0.136	13.5
	(Population 15-64)^2	2 0.000	2.8
	Unemployment (lagged)	258.635	1.2
	Migration	0.126	2.0
adjusted R-squared = 0.988			
Total demand:	Constant	-41615.37	-10.0
(SARC-form.1)	Population 15-64	0.107	16.7
	Unemployment (lagged)	713.346	1.8
	Migration	0.155	1.9
	SARC	2785.274	2.6
adjusted R-squared = 0.982			
Total demand:	Constant	-24196.95	-5.3
(SARC-form.2)	Population 15-64	0.063	4.1
	Unemployment (lagged)	-75.926	-0.5
	Migration	0.021	0.4
	Benefit/Min.wage	40.449	3.4
adjusteed R-squared = 0.987			
2) EMPLOYMENT PROGRAMS			
Total referrals	Constant	-3295.196	-2.4
	GWA cases	0.244	4.1
	Unemployment	304.912	2.5
adjusted R-squared = 0.644			
3) DAY CARE			
Total spaces	Constant	-6927.761	-10.4
	Population 0-4	0.119	2.6
	GDP/capita	0.256	3.9
adjusted R-squared = 0.964			

HEALTH

	Independent Variable	Coefficient	t-value
1) FOOD SAFETY			
Total Premises:	Constant	-1811.464	-3.9
	Unemployment	-120.948	-6.0
	Total population	0.009	15.5
adjusted R-squared = 0.983			
2) CHRONIC HOME CARE			
Total caseload:	Constant	-63849.8	-13.6
	Population 65-74	2.667	19.5
R-squared = 0.977			
3) THERAPY (OCCUPATIONAL)			
Total client visits:	Constant	3274.83	-7.9
	Population 65-74	0.089	9.8
R-squared = 0.950			

APPENDIX 2
LIST OF REPORTS SURVEYED

1. *Mandatory Health Programs and Services Guidelines*, April 1989
2. *Health for All Ontario*, 1987
3. *Toward a Shared Direction for Health in Ontario*, June 1987
4. *Health Promotion Matters in Ontario*, 1987
5. *A Vision of Health - Health Goals for Ontario*
6. *Deciding the Future of Our Health Care*, April 1989
7. *Operational Review of the Ontario Home Care Program* - Final Report, March 1989
8. *A Framework for Renewal: Setting the Future Direction of the Ottawa-Carleton Health Department*, April 1987
9. *Healthy Children: Everybody's Business*, September 1989
10. *Healthy Start for a Healthy Future*, September 1987
11. *Reaching our Potential*, May 1988
12. Ottawa-Carleton Population Projections, 1986-2001
13. Social Services Department's Strategic Plan 1990-1992
14. *Transitions:* Report of the Social Assistance Review Committee - Summary only
15. *Provincial Municipal Social Services Review Report* and RMOC Comments on the Review
16. *Equality is the Issue* (Access Committee)
17. *Strengthening the Network* (Social Planning Council and United Way) - forthcoming
18. Impact of Social Assistance Reforms in Ottawa-Carleton - July 1989 - Executive Summary only
19. U.I. Reforms and Welfare Caseloads and Expenditures - July 1989 - Executive Summary only
20. *Good Jobs, Bad Jobs* (Economic Council of Canada)
21. *Extended and Chronic Long Term Care Services in Ottawa-Carleton 1986 - 2011*, Report of the Sub-Committee to Review Extended/Chronic Care Beds, continuing Care Beds, O-C Regional District Health Council, March 1989
22. *Report of the Active Role in Long Term Care Facilities*, District Health Council, September, 1989
23. *Looking Ahead: Trends and Implications in the Social Environment* - M.C.S.S. 1989
24. *Mental Health Care of the Elderly in O-C to the Year 2000*, District Health Council, February 1988
25. *From Vision to Action* - Report of the Health Care System Committee, Ministry of Health, 1989, Executive Summary
26. Implementation Guidelines for Community Residential Alternatives, M.C.S.S., December 1989

27. *Seniors Housing Issues and Options,* Discussion Paper, Policy and Program Division, Planning Department, RMOC, May 1990

28. *Affordability of Housing in Ottawa-Carleton*, Discussion Paper, Policy and Program Division, Planning Department, RMOC, April 1990

29. *Living in the Community: New Directions in Residential Services for Frail Elderly People.* A Consultation Paper, Elderly Services Branch, Ministry of Community and Social Services, April 1989

30. *The Issue is Poverty* - Department's response to the Social Planning Council's Study of Emergency Services in Ottawa-Carleton, February 1988.